# Registration Form

# **RETURN WITH PAYMENT TO:**

Concord Parks & Recreation 14 Canterbury Road Concord, NH 03301

Adult First & Last Name

# **CONTACT US AT:**

Office: 225-8690 225-8589 Fax:

E-mail: recreation@concordnh.gov Web: www.concordparksandrec.com

For Office Use Only							
Check #	_ CC	Cash	Schirshp				
Amount:		Entered					

Amount:

DA DENT/														
PARENT/ GUARDIAN	Address													
CONTACT INFO	City					State			Zi	р				
	Home Phone	ne Phone			Work Phone			С	Cell Phone					
Please Print	E-mail			Emergency Contact Name	Phone I			e Number						
COURSE CHOICES														
Participants Information First Name Last N	ame	Elementary School	Sex	Date of Birth	Grade	Name of Class / Program	Class Code Fee			Class Code F			Fee	

List any special needs or medical conditions we should know about:

COMPLETE IF PAYI	Scholarship Donation	Total Fees		
→CC NUMBER			Rounding up your program fee helps provide financial	
→ EXPIRATION DATE:	Visa	MasterCard	assistance to those otherwise unable to afford the cost	Total
Name as it appears on the Card:	Signature		of a program.	Amount

# \*\*\*\*PLEASE READ AND SIGN THE WAIVER BELOW\*\*\*\*

In Consideration of being permitted, at my specific request, for me or my child/ward to participate in the activities of the City of Concord, New Hampshire Park and Recreation Department, we HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the City of Concord, its officers, employees, and agents, individually or in an official capacity for the City (all for purposes herein also referred to as "Releasee") from all liabilities, claims, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child/ward before, during, or after said activity. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any Releasee or otherwise. I HEREBY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF INJURY OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided. All Parks & Recreation Department classes/ events may be photographed. Participants may be photographed for City of Concord programs and promotions.

REFUND PROCEDURE - Refunds are issued only when a class is cancelled by the Parks & Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Concord Parks & Recreation Department.

Are you a Concord/ Penacook resident?

No

Signature (parent/guardian if participant is under 18 years of age

### REMEMBER THESE 5 EASY WAYS TO REGISTER



An after hours drop box is provided. The mail slot is located just to the right of our main entrance at our 14 Canterbury Rd office.



## <u>Fax</u>

(603)225-8589 your credit card Contact the Parks & information (Visa/MasterCard)



### On-Line

www.concordparksandrec.com Recreation Office for user name & password. First time registrants must use paper form initially.





Date

Mail completed registration form & payment to: NH 03301





### In-Person/Walk-In

Visit us in at the Parks & Recreation Office at 14 Concord Parks & Recreation Canterbury Rd to fill out your 14 Canterbury Rd. Concord, registration in person. Office hours are 8 a.m. - 4:30 p.m.